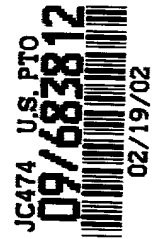


Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 13930
Application ID: 09683812
Title of Invention: UNIVERSAL CAMERA MOUNTING
ADAPTER AND METHOD
First Named Inventor: Samuel Barziza
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-02-19
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: BAR-01
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Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: wuxCKZDgbXalEp1w112kJQ==
Total Fees Authorized: \$370.0
Payment Category: DA - Deposit Account
Deposit Account Number: 501285
Deposit Account Name: David B. Dickinson



TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket
Number:

BAR-
01

Submission Type: Utility Patent
Filing

UNIVERSAL CAMERA MOUNTING ADAPTER AND METHOD

First Named Inventor: Mr. Samuel W. Barziza

SUBMITTED BY

Name:	Mr. David B. Dickinson
Registration Number:	47,525
Electronic Signature Mark: /s/	Date Signed: 20020219

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	barzizadpoa.tif
fee-transmittal	bar-01fee.xml
bibd-transmittal	bar-01apds.xml
specification	barzizapatapp.xml

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **UNIVERSAL CAMERA MOUNTING ADAPTER** the specification of which:

☒ is attached hereto.

☐ was filed on: _____, as Application Serial No. _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S):

Priority Claimed Yes/No	Number	Country	Date Filed
Yes/No			

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

60/260,361	16 FEB 2001	Pending
(Application Serial No.)	(Filing Date)	(Status)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, with full power of substitution and revocation:

Name	Registration No.	Address Telephone Calls and Correspondence to:
Daniel N. Lundeen	31,177	David B. Dickinson
A.M. (Andy) Arismendi, Jr.	31,715	Lundeen & Arismendi, L.L.P.
David B. Dickinson	47,525	P.O. Box 131144
Carrie A. Boone	48,282	Houston, Texas 77219-1144
		(713) 652-2555

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

INVENTOR'S FULL NAME: SAMUEL W. GARZISA

INVENTOR'S SIGNATURE: Samuel W. Garzisa

Date: 19 February, 2002

CITIZENSHIP: US

RESIDENCE ADDRESS: 1 ROBIN HOOD LANE, CONROE, TEXAS 77301

POST OFFICE ADDRESS: CONROE, TEXAS 77301

ADDITIONAL JOINT INVENTOR(S) LISTED ON ATTACHED SHEET: ☐ Yes ☒ No

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 370

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 501285

Deposit Account Name: Lundeen & Arismendi, LLP



Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: David B. Dickinson

Electronic Signature Mark: /s/

Date Signed: 20020219

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 5	203	\$ 9	0	\$ 0
Independent Claims: 1	202	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0

APP ID=09683812